

Employer Payroll Deduction Notice

Use this form to advise KAPT of your employees participating in payroll deduction. Also use this form to notify KAPT when revisions or additions are made. Send this form to KAPT Payroll Deduction, KHEAA, PO Box 798, Frankfort, KY 40602-0798. If you have questions, please call 1-888-919-KAPT and press option 3.

Employer:		KAPT Employer Number:			
Contact:	This is the employer's initial payroll deduction notice. This is an amendment to the employer's existing payroll deduction notice.				
Please complete the information if needed. Employee Name (KAPT Purch		n employee participating in KA Social Security Number	PT payroll deduction. U Frequency of Deductions	Jse additional sheets Total Monthly Deduction Am	
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